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## APPLICANTS

Jeffery A. Sylvester, Dallas, GA;

Mitchell E. Davis, Palmetto, GA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	GA	2	20	1

## ADDRESS

38952  
WOODCOCK WASHBURN LLP  
ONE LIBERTY PLACE - 46TH FLOOR  
PHILADELPHIA, PA  
19103

## TITLE

Protective cover for cellular telephone or the like

FILING FEE

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840

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
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